



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE & INSURANCE**  
**DIVISION OF FIRE PREVENTION**  
**ADMINISTRATIVE SERVICES SECTION**  
**PERMITS AND LICENSES UNIT**  
500 JAMES ROBERTSON PARKWAY  
DAVY CROCKETT TOWER  
NASHVILLE, TN 37243-1159  
(615) 741-1322 – (615) 741-1583 (Fax)

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**APPLICATION FOR WHOLESALER OF FIREWORKS PERMIT**

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(Pursuant to Title 68, Chapter 104, Tennessee Code Annotated)

**PERMIT FEE: \$1,000.00**

**CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO THE DEPARTMENT OF COMMERCE AND INSURANCE**

**Please print or type: All questions must be answered before application will be processed. An incomplete application may result in non-issuance of permit.**

Name of Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_

Fax # (     ) \_\_\_\_\_

Name of Owner \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_

**LOCATION OF BUSINESS**

Address \_\_\_\_\_ Telephone # (     ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Have fireworks been sold at this location previously? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Will fireworks be located at this location year round? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any other business conducted at this location? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind of business? \_\_\_\_\_

Will there be gasoline, paints, oils, or other FLAMMABLE SUBSTANCES SOLD OR STORED that create an undue hazard to any person or property? Yes \_\_\_\_\_ No \_\_\_\_\_

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Have you been convicted of violating the fireworks law of this state or any other jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

List below the names, addresses, and permit numbers of all firms from which you purchase fireworks:

Name of Company

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FIREWORKS LAWS FOR THE STATE OF TENNESSEE. I FURTHER CERTIFY THAT ALL ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE